

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Shikani

Serial No. 09/801,486

Filed: March 8, 2001

For: TRACHEOSTOMY TUBE WITH
ADJUSTABLE QUICK RELEASE
AND METHOD THEREFOR

V. Douglas
#5/a
11/20/02
Art Unit: 3741
2671

Examiner: Mr. Mital B. Patel

A M E N D M E N T

To the Honorable Commissioner
of Patents and Trademarks
P.O. Box 2327
Arlington, VA 22202

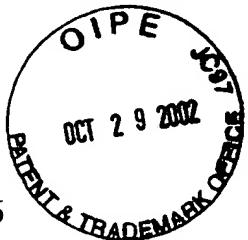
Dear Sir:

In response to the Official Action of July 9, 2002, the time to respond to which is hereby being extended by one (1) month to November 9, 2002, effective November 12, 2002, please amend the above-identified application as follows:

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NOV 04 2002
GROUP 3600

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NOV 15 2002
TC-3700 MAIL ROOM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Shikani

Serial No. 09/801,486

Filed: March 8, 2001

For: TRACHEOSTOMY TUBE WITH
ADJUSTABLE QUICK RELEASE
AND METHOD THEREFOR

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Art Unit: 3761
3671

Examiner: Mr. Mital B. Patel

A M E N D M E N T

To the Honorable Commissioner
of Patents and Trademarks
P.O. Box 2327
Arlington, VA 22202

Dear Sir:

In response to the Official Action of July 9, 2002, please amend the above-identified application as follows:

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RECEIVED
NOV 15 2002
1C 3760 MAIL ROOM

To the Honorable Commissioner
of Patents and Trademarks
P.O. Box 2327
Arlington, VA 22202

Sir:

Transmitted herewith is an Amendment in the application of:

Inventor: Shikani

Serial No. 09/801,486

Filed: March 8, 2001

For: TRACHEOSTOMY TUBE WITH ADJUSTABLE QUICK RELEASE AND METHOD THEREFOR

[x] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

[x] No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD. FEE	OR	RATE	ADD. FEE	
TOTAL	1	MINUS	** 20	0	x 9	\$ -0-		x 18	\$	
INDEP	1	MINUS	*** 7	0	x 42	\$ -0-		x 84	\$	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+140	\$	+280	\$	
						TOTAL	\$ -0-	OR	TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

[] A check in the amount of \$ _____ is attached.

[x] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

[x] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[x] Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 20355-PA
FORM PTO-1083

CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 2327, Arlington, VA 22202.
Date: October 29, 2002
Express Mail Label No. EV216364825US

By: Carolyn R. Peters

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PTO
MAIL ROOM
NOV 15 2002

Robert M. Gamson Oct 29, 2002
Robert M. Gamson
Reg. No. 32.986